

## Washington State Department of Ecology

Electronic Product Recycling Program Request for Reassignment from Tier 3 Administrative Fee  If you have questions completing this form, or on the Administrative Fee, please call 360-407-6999.	
For more information about the Administrative Fee visit:	
http://www.ecy.wa.gov/programs/swfa/eproductrecycle/ad	dminfee.html
Company Name	Address
Contact name:	
Phone Number:	
FAX Number:	
Email Address:	
Brand names used in 2005	Number of covered electronic units sold WA in 2005
1	
2	
3	
4	
E	
5	1
6	
Submitting financial and/or proprietary information:	
disclosure under RCW 70.95N. I am therefore submitting information from other information, identifying the proprie	
Certification and signature.	
Print the name of <b>the person at the company</b> certifying the company:	the information and requesting reassignment on behalf of
The person signing this form is:	
□ the owner of the company	
□ a legally authorized representative	
Signature of <b>the person at the company</b> certifying the in company (sign and date): I certify under penalty of perjury that the brands and the number of uncurrent understanding.	
Return this form to one of the following address:	
US Mail:	Courier Service:
Washington State Department of Ecology Electronic Product Recycling Program - SWFAP PO Box 47600	Washington State Department of Ecology Electronic Product Recycling Program - SWFAP 300 Desmond Drive
Olympia WA 98504-7600	Lacey, WA 98503